



Incident Report

Print Date/Time: 07/20/2016 10:33

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00009112

Incident Date/Time: 5/13/2016 9:15:15 PM
Location: 79TH AVE SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (206) 280-7945
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N4	SS0138-Fiske
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HOGAN, TYLER J					11/02/1993
2	Reporting Party	BENZEL, GRANT					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AYG2204	
Involved Vehicle						AYU1637	
Plate Inquiry							

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/13/2016 : 21:44:23 SP0407 Narrative: TROOPER OS, ADV VEH IN DITCH IS ABAND

05/13/2016 : 21:29:30 sp0312 Narrative: SPEEDWAY TOW ENRT

05/13/2016 : 21:28:15 sp0312 Narrative: *3RND, FRNT DRIVERS FLAT

05/13/2016 : 21:27:53 sp0312 Narrative: NEXT ROTL 4 RND IN A DITCH

05/13/2016 : 21:23:06 SP0370 Narrative: 1 CAR IN DITCH ALL OCCS NOT THERE INV

05/13/2016 : 21:23:01 sp0312 Narrative: WITH AID

05/13/2016 : 21:18:31 sp0312 Narrative: AA 19S11

05/13/2016 : 21:17:02 SP0323 Narrative: ND ON VEH

05/13/2016 : 21:17:00 sp0312 Narrative: AA BOLOD

05/13/2016 : 21:16:58 SP0323 Narrative: LR 323

05/13/2016 : 21:16:41 SP0323 Narrative: RP SEEING FROM A DISTANCE, ONE VEH IN THE DITCH

05/13/2016 : 21:16:18 SP0323 Narrative: 2 VEH, UNK INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E546046**CASE # **2016-00009112**LOCAL AGENCY
CODING **0311900**TOTAL # OF
UNITS **01**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **13** - **2016** **2116** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**20TH ST SE**BLOCK NO. ☒

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **79TH AVE SE**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

3

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #**AYG2204**

STATE

WA

VIN#

JM1NA353XS0616623TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1995

MAKE

MAZD

MODEL

MIAT

STYLE

CVVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **TYLER HOGAN 1204 NEWBERG RD SNOHOMISH WA 98290**LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE ☐PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

3

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

B. FISKE #0138

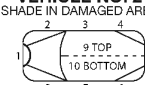
BADGE OR ID #

0138

AGENCY

WA0311900PAGE 01 OF **3**

PART A 3000-345-159 R (7/06)

VEHICLE NO. 1
SHADE IN DAMAGED AREAVEHICLE NO. 2
SHADE IN DAMAGED AREA


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E546046**CASE # **2016-00009112**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

V1 appeared to have turned left from 79th Ave SE onto EB 20th St SE and lost control. It appeared it spun around and struck the curb with enough force the air bags deployed. The driver was gone when I arrived and no witnesses have come forward. I attempted to contact the registered owner and could not. Vehicle was towed by speedway towing. There was no damage to the curb that was hit.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
05-17-16 08:23 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

5/22/2016 3:29:03 AM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

9:20 PM

TIME POLICE ARRIVED

9:27 PM
PART B 3000-345-160 R (7/06)

PAGE

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OF

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REPORT NO. E546046

CASE # 2016-00009112

DATE AND TIME
OF COLLISION 05/13/16 21:16

